



MO# 1262997

Section B

Required Client Information:

Required Project Information:

Company: USS Corporation

Report To: Tom Moore

Address: P.O. Box 417

Copy To:

Email:

Purchase Order #:

Phone:

Project Name: NPDES-LINE 3 Wkly

Requested Due Date:

Project #:

WO#: 1262997

PM - MMA

QUEST

Due Date: 04/05/16

Of

—

[illegible]

PRINT Name of SAMPLER:

1. a.

SIGNATURE of SAMPLER:

1

DATE Signed: _____


3

TEMP in C

Received on
Ice
(Y/N)

Custody
Sealed
Cooler
(Y/N)

Samples
Intact
(Y/N)

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

Project #:

USS

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

WO# : 1262997


Custody Seal on Cooler/Box Present? ☐ Yes ☒ No

Seals Intact? ☐ Yes ☒ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808

Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.6 Cooler Temp Corrected °C: 1.9

Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C Correction Factor: 0.3

Date and Initials of Person Examining Contents: 3-23-16 UC

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____

Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: M. Lisa W. Webb

Date: 3/23/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)